

Meeting Summary
Advisory Panel on Medicare Education (APME)
Thursday, October 25, 2001, 9:00 a.m. - 5:00 p.m.

Medicare Education Update
APME Annual Report

Location:

The meeting was held at the Capitol Hill Club, 300 First Street, S.E., Washington, D.C., 20003.

Federal Register Announcement:

The meeting was announced in the Federal Register on October 4, 2001 (Volume 66, Number 193, Pages 50658-50659) (**Attachment A**).

PRESENT:

Carol Cronin, Chairperson

Diane Archer, President, Medicare Rights Center

Dave Baldrige, Executive Director, National Indian Council on Aging

Joyce Dubow, Senior Policy Advisor, Public Policy Institute, AARP

Bonita Kallestad, Advocate, Mid Minnesota Legal Assistance

Steven Larsen, Maryland Insurance Commissioner, Maryland Insurance Administration

Brian Lindberg, Executive Director, Consumer Coalition for Quality Health Care

Dr. Patricia Neuman, Vice President and Director, Medicare Policy Project, Kaiser Family Foundation

Dr. Elena Rios, President, National Hispanic Medical Association

Samuel Simmons, President and Chief Executive Officer, National Caucus and Center on Black Aged

Ed Zesk, Executive Director, Aging 2000

Staff:

Nancy Caliman, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services

Guests:

Candace Schaller, Vice President, Regulatory Affairs, American Association of Health Plans

Others:

A sign-in sheet listing other attendees is incorporated as **Attachment B**.

PANEL MEMBERS ABSENT:

Bruce Bradley, Director, Managed Care Plans, General Motors Corporation

Jennie Chin Hansen, Executive Director, On Lok Senior Health Services

Dr. Elmer Huerta, Director, Cancer Risk and Assessment Center, Washington Hospital Center

Heidi Margulis, Vice President, Government Affairs, Humana, Inc.

Myrl Weinberg, Executive Director, National Health Council

Welcome and Open Meeting

Nancy Caliman, Designated Federal Official for the Advisory Panel on Medicare Education (APME), called meeting to order at 9:10 a.m.

Review of Agenda/Recap of Previous Meeting

Carol Cronin, Chair, APME

Ms. Cronin reviewed the previous APME meeting which was held on July 12, 2001 (**Attachment C**). She explained that the members viewed the broadcast of President Bush announcing his Medicare-Endorsed Prescription Drug Discount Card Program and principles for restructuring Medicare. Representatives of the Social Security Administration and Ruben J. King-Shaw, Jr., Chief Operating Officer and Deputy Administrator for the Centers for Medicare & Medicaid Services (CMS) addressed the APME. Ms. Cronin said that the day's agenda would include discussion on the fall Medicare ad campaign, the expansion of the toll-free Medicare helpline (1-800-MEDICARE), and the Medicare Personal Plan Finder. She said that Mr. King-Shaw would make remarks to the members and take time for discussion with them. After lunch, the primary topic would be the APME Annual Report with time for open public comment prior to adjournment at 5:00 p.m.

Fall Medicare Ad Campaign

Michael McMullan, Acting Director and Deputy Director for Beneficiary Education, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services

Ms. McMullan described the purpose of the fall Medicare ad campaign. She said that CMS Administrator Tom Scully had asked why many people with Medicare were not taking advantage of Medicare materials. He knows that most people do not understand Medicare and tend to learn about it during a health problem. The goal of the campaign therefore, is to create a top-of-mind knowledge of Medicare, inform the public of where to obtain Medicare information and advise them of the Medicare questions they may ask (**Attachment D**). Research shows that people with Medicare want to be independent and make decisions on their own. Therefore, the ad campaign theme is "Helping you help yourself." The primary audience is the elderly however the Spanish-language spots have a different focus with more emphasis on family involvement. Ms. McMullan said that AED, the Academy for Educational Development, was the lead contractor that assisted

CMS with the development of the campaign. Advertising agency Campbell-Ewald created the general market advertisements. Campbell-Ewald recommended the use of humor to draw attention to the television spots which feature comic actor Leslie Nielson. Ms. McMullan said that AED conducted focus groups to assure that humor was an appropriate approach to use with the audience and subject. It has been a well-received approach. The spots are being shown during popular programs on broadcasting and cable television networks. She said that print ads would be featured in the Sunday newspaper supplements *Parade* and *USA Weekend* from November 11 until early December. Internet banner ads targeted to caregivers will be displayed throughout the campaign. Muse Cordero Chen & Partners created the Spanish-language television and radio ads. The television ads will run on the Telemundo and Univision networks. The radio ads will run in the key markets, New York, Los Angeles, Miami, Puerto Rico, and in Texas, in San Antonio, Dallas, Houston, and Harlingen.

In response to a member's question, Ms. McMullan said that all of the spots were paid ads. She said that the ads would reach 75 percent of the older adult television audience each week. By the end of the campaign, 95 percent of the older adult audience will have seen the ads an average of 30 times and 80 percent of the Spanish-speaking older adult and caregiver audience will have seen the ads an average of 16 times. She said that the ads contain high level messages about Medicare options and direct callers to the toll-free Medicare helpline.

**Update on the Medicare Helpline and Medicare Personal Plan Finder
Michael McMullan, Acting Director and Deputy Director for Beneficiary
Education, Center for Beneficiary Choices, CMS**

1-800-MEDICARE Helpline

Ms. McMullan said that the Medicare toll-free helpline is now staffed by Customer Service Representatives (CSRs) 24 hours a day, 7 days a week. The call centers have increased their staffing levels to over 1200 CSRs to handle the expanded operations **(Attachment E)**. The number of call centers has increased from four to seven. Before the expanded hours, the average number of calls per week was 60,000. The daily weekday volume has increased from 12,000 daily to a high of nearly 60,000. Most calls occur during the core hours of 8:00 a.m. to 4:30 p.m., but some occur during the expanded hours. The centers receive an average of 9000 calls during the weekend. The percentage of callers who request Spanish-language service has risen from two to four percent. The heaviest volume day is Monday. Thursday is the lightest day during the week. CMS expects 4 to 5 million calls during the open enrollment period. Ms. McMullan said that visits to the medicare.gov website have also increased. CMS expects 5 million visits to the website during October 2001 versus 3 million in October 2000. The call centers receive a variety of questions.

Medicare Personal Plan Finder

Ms. McMullan said that the Medicare Personal Plan Finder (MPPF) helps individuals compare their health care options based on factors that are important to them. She referred the members to pages 28 and 29 in the *Medicare & You 2002* handbook for a sample of the MPPF (**Attachment F**). The MPPF requests the beneficiary's zip code and asks about such factors as health status, military retirement, and need for assistance with health care costs. The MPPF then presents their health care options. In time, the MPPF will provide comparisons of out-of-pocket costs.

Discussion with APME Members

In response to members' questions and comments, Ms. McMullan and Mary Agnes Laurenco, Director, Beneficiary Information Services Group, made the following comments about the MPPF:

- The MPPF refers those who have employer coverage to employers and those who have Medicaid to state Medicaid offices.
- Out-of-pocket detail and quality information are available after consumers indicate the choices in which they are interested.
- The MPPF is a tool to facilitate consumers' decisionmaking process. CMS will evaluate the MPPF to determine whether it meets its objectives.
- CMS does not store personally identifiable information that consumers enter into the MPPF.
- CMS will consider linking to state websites to provide access to applications for Medicaid, Medicare Savings Programs, and prescription drug assistance programs.

Supplemental Mailing: Medicare+Choice Local Plan Information

Ms. McMullan stated that CMS delayed the deadline for Medicare + Choice (M+C) organizations to file their Adjusted Community Rate (ACR) proposals until September 17 to give plans a better basis on which to evaluate their continued participation in the program. The Gray Panthers and others sued CMS since the *Medicare & You 2002* handbook direct mail did not include comparative information about M+C options. Because of the lawsuit, CMS prepared and mailed a booklet containing plan comparison information to 27.5 million households by October 15 (**Attachment G**).

A member asked Ms. McMullan how CMS would evaluate the effectiveness of the education efforts for the 2001 open enrollment period. She stated that CMS would evaluate the ad campaign by measuring the change in the volume of people who use the Medicare information resources and testing beneficiary knowledge at various points during and after the campaign. CMS would then determine the level of resource commitment to mount an ongoing ad campaign. A member asked how CMS would evaluate beneficiary knowledge of the program rather than awareness. Ms. McMullan said that CMS can use the Current Medicare Beneficiary Survey to evaluate knowledge although it is difficult to measure sustained knowledge.

CMS Update and Issues

Ruben J. King-Shaw, Jr., Chief Operating Officer and Deputy Administrator, CMS

Mr. King-Shaw gave an update on the M+C program. He said that the program is a priority for the Bush administration, which believes that it is important for people with Medicare to have good quality health care choices. More than 500,000 people with Medicare will not have the same choice in 2002 as in 2001. The proportion of beneficiaries who have Medicare choices is declining. Beneficiaries like M+C options because of the enhanced benefits, limits on out-of-pocket costs, coordinated care, and quality improvement programs. Plans are withdrawing because contracting costs are rising faster than reimbursement. Provider costs are increasing and risk sharing and capitation arrangements are not as prevalent or as easy to obtain. Prescription drug costs are rising and the insured population is aging. Consequently, plans are withdrawing and restricting benefits.

Mr. King-Shaw described CMS reforms designed to reduce the burden on M+C organizations and make participation in the program as attractive as possible.

- CMS has consolidated all M+C initiatives in one center, the Center for Beneficiary Choices, under Ms. McMullan's leadership.
- CMS delayed the ACR proposal filing date to give plans a better basis on which to evaluate their continued participation.
- CMS has streamlined its internal processes regarding approval of marketing materials
- CMS launched a fall ad campaign to inform people with Medicare about their health care options and where to find Medicare information.
- CMS provides quality information about all health care options. Even in fee-for-service (FFS) Medicare, there are decisions to make about the choice of providers. CMS is working with Congress to revitalize the FFS Medicare program. The agency is deciding how to incorporate in FFS, the systems of quality improvement, disease management, and physician care that are employed in M+C.

Mr. King-Shaw announced that CMS had refocused its efforts to address disparities in health care. He said that the country has not had an equal rights agenda for health care. The effort to address disparities is data driven. For example, certain populations are more likely to die from cancer. He noted that in some instances there might be equal treatment but not equal health outcomes. He discussed the cultural connection to health care noting that cultural traditions influence a range of behaviors and beliefs including hygiene, diet, expectations of health services, and end of life decisions. He said that Kevin Nash would work with him and CMS leadership to allow CMS to exercise national leadership on the health disparities issue. He hopes there will be significant improvement in that area.

Discussion with Mr. King-Shaw

Mr. King-Shaw made the following comments in response to APME members' comments and questions:

- Kevin Nash would connect those with inquiries regarding health disparities to the appropriate individual or component in CMS.
- "Lock-in" can be viewed positively as people with Medicare making good choices to stay with models of care that work for them rather than being forced to remain in a system that fails them.
- M+C demonstration projects include alternative financial arrangements that are cost neutral and budget neutral, and disease management initiatives.
- AED, the principal contractor in the ad campaign, specializes in social marketing. The contractors and CMS went to great lengths to ensure that the ads in the fall media campaign were culturally appropriate.
- People with Medicare can make good choices with the right support however, some segments of the population are unable to make informed choices and CMS must make special provisions for them.

At this point, Mr. King-Shaw expressed his appreciation to the Panel and left the meeting.

Other Discussion

A member asked about research CMS is conducting into helping people with Medicare become ready to make informed choices. Regina McPhillips, Director of the Beneficiary Education and Analysis Group, gave a brief status report on the project entitled "Application of the Transtheoretical Model to Informed Choice in the Medicare Population" (**Attachment H**). She said the contractor had developed a definition of "informed choice" and is creating intervention materials that CMS could use to promote informed choice in the beneficiary population. She offered to arrange a more comprehensive presentation on the project for the next meeting.

A member asked Ms. McMullan to discuss upcoming CMS initiatives. Ms. McMullan stated that forthcoming initiatives include M+C demonstrations, risk adjustment, increasing the efficiency of the toll-free helpline, helping people with Medicare understand health quality information, regulatory reform, and reducing administrative burden.

A member asked whether CMS was developing educational materials in the event that CMS is allowed to implement the President's prescription drug discount card program. Ms. McMullan said that CMS is developing implementation models for the program, should the agency be allowed to implement it.

A member said that CMS should acknowledge the value of the State Health Insurance Assistance Programs (SHIPs) in providing customized, personalized information apart from the Medicare helpline and the medicare.gov website. Ms. McMullan said that there are many sources of help for people with Medicare including Durable Medical

Equipment carriers, state Medicaid offices and the SHIPs. She said that CMS is looking at a single toll-free network in which people with Medicare would need to call only one number. Within the framework of assistance, SHIPs have a niche. They can answer questions that are unique to individuals as contrasted with the helpline staff who answer generic questions.

A member expressed concern about people with Medicare who do not know what questions to ask. Ms. McMullan stated that the purpose of the ad campaign is to convey to people with Medicare that they need to ask questions about their health coverage. Because the ads are based on a simple concept, they promote the entry point for consumer's questions -- the toll-free helpline -- rather than individual sources such as the SHIPs or the Part B carriers.

A member suggested that CMS employ a trigger to remind people with Medicare that they need to do an annual review of their health coverage. As an illustration, one campaign connects the changing of smoke detector batteries with the transition to daylight savings time.

A member referred to the recent General Accounting Office study of the National Medicare Education Program, (**Attachment I**). He said the report points to the challenge of encouraging people with Medicare to see the importance of making informed health choice if they are not motivated to access the information. He suggested that the Panel should hear from Dr. James Prochaska of Pro-Change Behavior Systems about the consumer's decision to make informed choices.

A member asked about a bill in the House of Representatives that would move state hotlines back to the Federal Government. Ms. McMullan said she did not know of this bill but has seen language that would mandate a single toll-free number for Medicare questions. This would mandate a routing system not a single call center.

[Whereupon, the Panel adjourned for a break and reconvened at 11:45 a.m.]

APME Annual Report

Carol Cronin, Chairperson, Advisory Panel on Medicare Education

Ms. Cronin summarized the work of the Annual Report Subcommittee. The subcommittee, whose members are Ms. Archer, Mr. Baldrige, Ms. Cronin, Dr. Neuman and Mr. Zesk (the Chair), met seven times by conference call (**Attachment J**). She said that Ms. Caliman had reviewed the minutes of the six APME meetings and culled the Panel's recommendations. Mr. Zesk then synthesized the recommendations. Each subcommittee member had writing assignments and Mr. Zesk pulled the writings together (**Attachment K**).

Mr. Zesk led the Panel in a discussion of the report.

Process for Completing the Report

- Panel members will send their edits and drafts to Ms. Caliman.
- The Panel will try to complete the report before Christmas.
- It is important for the Panel to complete the Report expeditiously because of the pace of change.

Funding for Medicare Education

- The Annual Report should refer to the GAO report on the National Medicare Education Program and the funding issues that it raised.
- The report should state that CMS should use Medicare education funds to implement the strategies and programs that the Panel has proposed. Suggested language: "To achieve the long term objectives of this report, additional funding is requested for the NMEP..."
- The Panel's funding recommendations should not be restrictive in the same way as the Congress was in the Balanced Budget Act. (The Congress set forth the components of the NMEP.)
- CMS should have three times the current amount of funding for Medicare education.
- The GAO report explains that the Balanced Budget Refinement Act of 2000 reduced the amount of M+C user fees CMS can collect. If CMS does not replace these funds, it will have to curtail education activities.
- Current levels of Medicare education funds are inadequate. CMS should have additional funding to have the flexibility to expand the Medicare education program.

Short-Term Recommendations

Lock-In

- The Panel does not feel comfortable that enough people with Medicare can make truly informed decisions about health care and therefore, the Bush administration should seek a suspension of "lock-in".
- The suspension would allow the Bush administration to develop protections for people with Medicare, who for good cause, need to change their health plan choices.
- The rationale should include language to the effect that: the Medicare population is very different from the employed population; "lock-in" could discourage people from trying a M+C plan and could interrupt continuity of care.
- There should be no time frame on the suspension of "lock-in".

Recommendations to Date

Goals

- The report should indicate that its recommendations are focused not only on the goal of informing the consumer but also on enhancing the effectiveness of the

Federal Government to inform the Medicare consumer, as is stated in the APME Charter.

- The Charter also mandates that the APME advise CMS on developing an information base of best practices.

Medicare Personal Plan Finder

- The tone of the draft recommendation is combative and stands out from the report.
- CMS should evaluate the effectiveness of the MPPF and determine how people are using it.
- The Panel should not wait until CMS evaluates the MPPF to comment on it.
- CMS should regularly review the MPPF for effectiveness in consultation with all stakeholders. Others are already addressing specific issues regarding the tool with CMS.
- CMS should establish criteria for including information about non-government programs such as prescription drug programs.
- CMS should provide access to applications for Medicaid and Medicare Savings Programs.

Plan Comparison Information

- CMS should incorporate additional information to promote a more accurate comparison.
- Improving comparison information is not a short-term process. Obtaining comparative information regarding costs is a long-term process and requires judgements and assumptions.
- CMS should include additional comparison information on access to care in the next version of Medicare materials.

[Whereupon the Panel adjourned for lunch and reconvened at 1:51 p.m.]

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Plan Comparison Information

The discussion resumed with the Chair reiterating that the Annual Report should state that CMS should incorporate additional comparison information into any appropriate beneficiary materials it next produces.

Long-Term Recommendations

Reaching Vulnerable Populations

- The section describes the most vulnerable segments of the Medicare population and the steps CMS can take to address their needs. The steps include educational

materials in various languages, partnerships with community-based organizations, and setting goals for reaching vulnerable groups.

- The report should incorporate the needs of beneficiaries with low literacy and low health literacy levels. A member referred to the study of functional health literacy of Medicare managed care enrollees conducted by the Prudential Center for Health Care Research Foundation.
- The report should include a sub-section on best practices.
- One goal of the strategies to reach vulnerable populations should be to decrease racial health disparities. The report should suggest a strategy in this area.
- Funding for outreach by community-based organizations should be in addition to, not taken from, SHIP funding.

Enrollment Protections

- CMS should evaluate benefits of centralizing M+C enrollment within the Social Security Administration (SSA) because many people with Medicare are unable to make informed health choices and are subject to marketing abuses.
- A member asked whether there had been a meeting between CMS and the SSA following the July 12, 2001 APME meeting. Ms. McMullan said there had been a meeting with the acting SSA Commissioner. It is premature to say, however, whether there will be a change in the way the agencies interact with each other concerning Medicare education.
- The APME should better understand the relationship between CMS and SSA concerning beneficiary education including, the amount of money that SSA receives from the Medicare trust fund, the purposes for which the money is used, and whether CMS can perform the functions more effectively.
- Centralizing M+C enrollment within SSA may not be a good idea because SSA may not have the resources to counsel people with Medicare about health plan choices. CMS should be able to handle enrollment issues regarding marketing problems.
- CMS should evaluate the current M+C enrollment process and determine how to protect beneficiaries.
- CMS should evaluate the value of SSA deducting M+C premiums from beneficiaries' Social Security checks. This strategy would prevent involuntary disenrollment because of non-payment of premiums. [The Panel did not reach consensus on this issue.]
- The draft recommendation indicating that CMS should ensure that people with Medicare can make comparisons among health plans and understand plan differences should be moved to the section on quality.
- The two recommendations on what CMS must ensure that people with Medicare understand about enrollment into health plans will be rewritten with the assistance of the health plan industry representative. People with Medicare should be able to disenroll from their health plans when they need to.
- CMS should ensure that people with Medicare understand how enrollment into a M+C option can affect their Medigap rates.

Information Intermediaries

- The SHIPs need more resources in order to reach out to all people with Medicare without respect to where they live.
- CMS should create a program within the SHIP to include the Indian health care delivery system and rural populations. The funds for this program should be in addition to current SHIP funding.
- The Report should survey what is being done in various areas to serve Indian elders.
- CMS should set criteria and performance standards, provide training, compile an inventory of best practices, and provide additional resources to help SHIPs succeed.
- Health plans need to be integrated into the network of CMS information intermediaries.
- CMS should set standards and evaluate all contractors and grantees that serve as information intermediaries, not just the SHIPs and helpline contractors, to assure that they are giving the correct information to people with Medicare.
- CMS should explore the concept of CMS offices similar to local SSA offices.
- CMS should evaluate the cost and benefits of the Medicare education that SSA provides with funding from the Medicare trust fund.
- The Report should describe some best practices concerning information intermediaries.
- CMS should continue its partnerships and collaborative activities with employers and unions.

Media/Communications Strategy

- CMS's media/communications strategy should be part of an integrated marketing plan.
- CMS is to be commended for the use of social marketing in the fall ad campaign.
- Many consumers do not have a basic understanding of health care coverage.
- Medicare should be branded nationally to provide a definition in consumers' minds.
- The media campaign should be developed in conjunction with national minority organizations.
- Medicare messages should target informal caregivers and "other information intermediaries" (rather than "influence-makers"), as well as "people with Medicare" (rather than "clients").
- People with Medicare must have access to sources of local, one-on-one information. Some populations, such as the limited English proficient, will not use a toll-free hotline.
- The national message should include the availability of local information.
- The APME should be able to participate in ongoing discussions about the Medicare education media strategy rather than giving their comments after the fact.
- The media campaign should be informed by research.

- CMS should use social marketing techniques to validate the campaign.
- The Spanish-language ads were well done with appropriate music and family images.
- CMS should work in partnership with the national media.

Research and Evaluation

- CMS should build upon current efforts to measure and evaluate the components of the Medicare education program.
- CMS should strive to understand the effectiveness of education efforts on vulnerable populations. CMS should make evaluative information public. This would help external groups improve their efforts.
- CMS should evaluate whether Medicare education has increased the knowledge level of people with Medicare.
- CMS should research how to present CAHPS data so that people with Medicare can understand it.

Public Comment

Ms. Caliman announced that the floor was open for public comment and stated that members of the public could submit written comments for the record within three business days. No one made a public comment and the members resumed their discussion.

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Quality Recommendations

- The section should be titled "Communicating about Quality".
- It is not practical for health plans to disclose all the treatments and medications they cover.
- CMS should be cautious and not evaluate consumers' understanding of quality information prematurely. Premature evaluation results could be construed as the public not caring about quality information
- CMS should pursue providing quality information about all Medicare options including fee-for-service providers.
- CMS must target education efforts to specific populations, building upon such efforts as the study of Hispanics' understanding of quality issues.
- The report should refer to the tools that are available to communicate with people with Medicare about quality such as Medicare Compare and Nursing Home and Dialysis Facility Compare.
- The section should include some best practices on communicating about quality.

Completion Strategy

Ms. Cronin stated that she was comfortable with the consensus that the Panel had reached on the Annual Report. She said that between Thanksgiving and Christmas, the Panel would review additional drafts in order to complete the Report before the next meeting.

Conclusion

The conclusion section of the report may include some reference to the GAO recommendations for increased flexibility for CMS.

The Panel may want to recommend tying greater flexibility for the NMEP with greater resources.

Next Steps

The Chair stated that the agenda of the next meeting should include the following:

- Dr. James Prochaske, Pro-Change Behavior Systems, "Application of the Transtheoretical Model to Informed Choice in the Medicare Population";
- The SHIP resource center;
- Evaluation of the fall Medicare ad campaign;
- Dialogue with Ruben King-Shaw.

Adjournment

Ms. Caliman adjourned the meeting at 4:13 p.m.

Prepared by:

Nancy M. Caliman, Designated Federal Official, Advisory Panel on Medicare Education
Division of Partnership Development /Partnership and Promotion Group
Center for Beneficiary Choices
Centers for Medicare & Medicaid Services

Approved by:

Carol Cronin, Chairperson
Advisory Panel on Medicare Education

Attachments

- A. *Federal Register* Notice, October 4, 2001 (Volume 66, Number 193, Pages 50658-50659).
- B. Sign-in Sheet.
- C. Meeting Summary, July 12, 2001 Meeting of the Advisory Panel on Medicare Education.
- D. PowerPoint Presentation: Fall 2001 Multi-Media Campaign.
- E. 1-800 MEDICARE CALL CENTER OPERATIONS.
- F. *Medicare & You 2002* Handbook.
- G. *Medicare & You 2002*, Medicare + Choice, Local Plan Information.
- H. Memo to Michael McMullan from David Miranda, *APME Question on Status of Project*, 10/12/2001.
- I. *Medicare: Program Designed to Inform Beneficiaries and Promote Choice Faces Challenges*, September 2001, GAO-01-1071.
- J. Minutes, Annual Report Subcommittee Meetings: October 16, 2001, October 9, 2001, October 1, 2001, August 22, 2001, July 30, 2001, July 16, 2001 and July 10, 2001.
- K. Annual Report, Advisory Panel on Medicare Education, Draft October 18, 2001.